

2002 FORM MO-PTC DO NOT file this claim if you are going to file a Missouri income tax return! See instructions.

_										
NAME / ADDRESS	LAST NAME FIRST NAME		INITIAL BIRTHDATE		DECEASED SOCIAL SECURITY NO.				AMENDED CLAIM	
	SPOUSE'S LAST NAME PLACE LABEL IN BLOCK FIRST NAME		INITIAL BIRTHDATE DE		DECEASED 2002					
	IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)  TELEPHONE NUMBE						MBER			
	PRESENT HOME ADDRESS CITY, TOWN, OR POST OFFICE, STATE, AND ZIP CODE									
	You must check a qualification to be eligible for a credit. Check only one. Required copies of letters, forms, etc., must be included									
QUALIFICATIONS		with claim.  A. 65 years of age or older (Attach a copy of C. 100% Disabled (Attach a copy of the letter from Social								
	☐ A. 65 years of age or older (Attach a copy of Form SSA-1099.) ☐ C. 100% Disabled (Attach a copy of the letter from Social Security Administration or Form SSA-1099.)									
	<ul> <li>□ B. 100% Disabled Veteran (Attach a copy of the letter from Department of Veteran's Affairs.)</li> <li>□ D. 60 years of age or older and received surviving spouse benefits. (Attach a copy of Form SSA-1099.)</li> </ul>									
FII	FILING STATUS Single Married — Filing Combined Married — Living Separate for Entire Year					If mar	ried filing st report l	combined, both incomes.		
Failure to provide proper supporting documentation (lease agreement(s), tax receipt(s), 1099(s), W-2(s), etc.) will result in denial or delay of your claim! Items listed below in red MUST be attached to claim if that line has an amount entered on it.										
HOUSEHOLD INCOME	Enter the equivalent	e amount of social security benefits but railroad retirement benefits. Attac	efore any deductions a h Form SSA-1099 and	nd/or the amount l <mark>/or RRB-1099.</mark>	of social se	ecurity	. 1		00	
		e total amount of wages, pensions, a total amount of wages, pensions, a total amount of wages, pensions, a	innuities, dividends, or 099-DIV, 1099-INT, 109	interest income.			. 2		00	
	3. Enter the amount of railroad retirement benefits (not included in Line 1) before any deductions.  Attach Form RRB/1099-R (Tier II).						. 3		00	
	4. Enter the	amount of veteran's payments or be							00	
	5. Enter the total amount received by you and/or your <b>minor children</b> from: public relief, public assistance, SSI, child support, Temporary Assistance (TA) payments, or unemployment benefits. Attach letter from SSA,									
	letter from Social Services, letter from DCSE, letter from DFS, Employment Security 1099, if applicable.  6. TOTAL household income — Add Lines 1 through 5.								00	
	7. Enter \$2,000 if you are married and filing a combined claim with your spouse. Otherwise, enter "0"							-	00	
	8. Net household income — Subtract Line 7 from Line 6. If the total is over \$25,000, no refund is allowed — Do not file this claim. (Amount from Line 8 is used to figure your refund.)						. 8		00	
TS REAL ESTATE TAX /	9. If you owned your home, enter the total amount of real estate tax that you paid for your home less special assessments. (Complete the worksheet in instructions if you own more than five acres, a mobile home, home business, or share your home.)  Attach a copy of PAID real estate tax receipt(s) and Form 948, Assessor's Certification, if your home is on more than five acres or you own a mobile home.					9		00		
	rent receipt(s), or a statement from your landlord								00	
	11. Total tax and/or rent — Add Lines 9 and 10. (Amount from Line 11 is used to figure your refund.)						. 11		00	
CREDITS		mounts from Lines 8 and 11 to cha 7 Tax Credit. Enter refund here	art in instructions to fig	gure your	то	TAL REFUNI	12		00	
SIGNATURE	correct, and complete	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous claim.								
		I authorize the Director of Revenue or delegate to discuss my claim and attachments with the preparer or any member of the preparer's FREPARER'S PHONE FIRM. YES NO								
	SIGNATURE DATE PREPARER'S SIGNATURE					FEIN, SSN	, OR PTIN			
	SPOUSE'S SIGNATURE DAYTIME TELEPHONE PREPARER'S ADDRESS AND ZIP CODE						DATE			
	Mail clair	n and attachments to Missou	ri Department of F	Revenue, P.O.	Box 2800	), Jefferson	City, Mo	O 65105-	2800.	